

Policy & Procedure (P& P)

Policy Title :

Acceptance Criteria for Blood Donors

Department	Index No.	Scope
Laboratory & Blood Bank	LAB-054	All Blood Bank staff
Issue Date	Revision NO	Effective Date
1432/10/28	1	1440/08/23
Review Due Date	Related Standard NO.	Page Number#
1442/08/23	CBAHI (LB.34)	7

01. Policy:

Blood donors are accepted according to a list of criteria to minimize the risk of harm to them.

02. Definition :

N/A

03. Purpose :

This policy gives an overview of donor selection criteria to ensure patient's and donor safety.

04. Procedure :

Donor's Selection Criteria for Blood Collection

Donor's selection is based on a medical history and a limited physical examination to determine whether giving blood will harm the donor or transfusion of the unit will harm a recipient. This is done after completing donor's registration in questionnaire form.

04.1. Acceptance criteria for blood donors:

04.1.1. General appearance:

If donor looks ill or is excessively nervous, it is best to defer donation.

04.1.2. Weight:

Not less than 50 kgms.

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04.1.3. Temperature:

The donor's temperature should not be more than 37.5°C.

04.1.4. Pulse:

The frequency should be between 50 and 100 beats per minute with no pathologic irregularity.

04.1.5. Blood Pressure:

Systolic: 100 – 180 mmHg

Diastolic: 60 –100 mmHg

04.1.6. Hemoglobin:

Accepted HB level for routine donor: Hgb 12.5 gm/dL –18gm/dL.

Accepted HB level for autologous donors: Hgb 11.5 gm/dL.

04.1.7. Age:

Accepted age range: 18 – 60 Years

Whole blood is not collected from a donor under seventeen years old of age.

04.1.8. Skin lesions:

The skin at site of venipuncture must be free of lesions. Both arms should be examined for multiple needle punctures seen with drug use which is a cause for indefinite exclusion for blood donation.

Individuals with boils or severe skin infections anywhere in the body should be deferred

04.1.9. Whole blood is not collected from a donor more frequently than once every eight (8) weeks and not from donors who donated apheresis product less than forty-eight hours (48 H).

04.1.10. Female donors are not pregnant or has been pregnant within the last six weeks.

DONOR DEFERRAL

Deferral period	Cause for deferral
PERMANENTLY	Bleeding abnormalities/ blood clots
	cancer
	Chagas disease
	Diabetes/insulin

	epilepsy
	Heart disease / chest pain
	hepatitis
	Human growth hormone or beef insulin
	Kidney disease
	leishmaniasis
	Lung disease
	SARS
	Positive HIV, serology (AIDS patients)
	IV drug users or used intranasal cocaine
	Family member with Creutzfeldt Jacob's disease
	Dura matter transplant or reside in UK for 6 months
	TEGISON medication for Psoriasis
	TB
	Stroke
	Symptoms of AIDS <ul style="list-style-type: none"> - Prolonged fever or diarrhea - Enlarged lymph nodes - Unexplained weight loss more than 5 kg - Night sweats - Persistent cough - White spot in mouth
For 3 years	If they have been from countries with endemic malaria
	If they had been diagnosed and treated from malaria
	Soriatane medication



	Has been diagnosed and treated from brucellosis
For 1 year: 12 months	
	If himself or spouse received blood or organ transplant
	Rabies shots
	Been a nurse for kidney dialysis unit
	Been a rape victim
	Been incarcerated in a prison more than 72 hours
	Been a patient in a mental hospital
	tattoo
	acupuncture
	Ear or nose piercing
	Needle stick
	Stab wound
	A contact with AIDS patient
	Body fluid splash to mucous membrane
	Gonorrhea after treatment
	Syphilis after treatment
	A contact with hepatitis patient or receives anti HB immune globulin
	Been treated with anti-malarial treatment as prophylaxis
	Been travelled to malaria endemic area without symptoms
	Animal bite
	Been outside the kingdom for leisure trip (not married or without his family)
	If they have had any surgery or severe illness.
	Have sex with hemophilia A or B or taking money or drug for sex

For 6 weeks	Female donors if they have been pregnant or delivered a baby
For 4 weeks	Low hemoglobin < 12.5 g/dl
	High pulse rate > 100 beats/mn
	Low pulse rate < 50 beats/mn
	High blood pressure > 180 mmHg / 100 mmHg
	Vaccination or travel to endemic area or in contact with SARS patients
	Acutane medication for Acne
	Proscar medication for prostate
	Propecia or Prozac medications
For one week	Mild fever
	Flu or common cold
	Sore throat
	Dental extraction
	antibiotics
For 72 hours	Aspirin or Feldene or any aspirin containing medication if we intend to separate platelets concentrate

05. Responsibilities

05.1. All Blood Bank staff of Al-Qunfudah General Hospital.

06. Equipment & Forms

06.1. Donor questionnaire Form.

06.2. Donor Records.



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06.3. Memo from MOH about the donated blood volume

07. Attachment :

Attachment1: Transfusion Transmitted Disease Investigation.

Attachment2: Travel Deferral List /Medications Deferral list /Vaccination Deferral List.

08. Reference

08.1. The Technical manual of the American Association of Blood Banks.

08.2. Memo from MOH about the donated blood volume.

Preparation, Reviewing & Approval Box

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TRAVEL DEFERRAL LIST

EUROPEAN COUNTRIES		
BOVINE SPONGIFORM ENCEPHALOPATHY		
Malaria risk	All malaria risk	Partial malaria risk
	Albania, Austria, Belgium, Bosnia, Bulgaria, Croatia, Czech Republic, Denmark, Yugoslavia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Liechtenstein, Luxembourg, Macedonia, Netherlands, Norway, Poland, Portugal, United Kingdom, England, Isle of man, Northern Ireland, Channel Islands, Scotland, Gibraltar	Bangladesh All, except no risk in the city of Dhaka
	Afghanistan, Angola, Benin, Burkina Faso, Burma, Burundi, Cameroon, Central African Republic, Chad, Comoro, Congo, Cote d'ivoire, Djibouti, East Timor, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Haiti, India, Ivory Coast, Kenya, Liberia, Mali, Mauritania, Mozambique, Myanmar, Niger, Nigeria, North Korea, Pakistan, Papua, Rwanda, São Tomé, Senegal, Sierra Leone, Solomon, Somalia, South Sudan, Sudan, Swaziland, Tanzania, Timor-Leste, Togo, Uganda, Vanuatu, Venezuela, Yemen, Zambia, Zimbabwe	Bolivia, Botswana, Brazil Cambodia All except no risk in city of Phnom Penh and the temple complex at Angkor Wat
YELLOW FEVER	HIGH POTENTIAL	LOW POTENTIAL
	Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad ² , Congo, Republic of the Côte d'Ivoire, Democratic Republic of the Congo ² , Equatorial Guinea, Ethiopia ² , Gabon, Gambia, The Ghana, Guinea, Guinea-Bissau, Kenya ² , Liberia, Mauritania ² , Niger ² , Mali ² , Nigeria, Senegal, Sierra Leone, South Sudan, Sudan ² , Togo, Uganda,	Eritrea ² , Rwanda ³ , São Tomé and Príncipe ³ , Somalia ² , Tanzania ³ , Zambia

	<p>Argentina2 Bolivia2 Brazil2, Colombia2, Ecuador2, French, Guiana, Guyana, Panama2, Paraguay, Peru2, Suriname, Trinidad and Tobago2, Venezuela2</p>	
	<p>Africa: <u>Angola</u>, <u>Benin</u>, <u>Burkina-Faso</u>, <u>Burundi</u>, <u>Cameroon</u>, <u>Cape Verde</u>, <u>Central African Republic</u>, <u>Chad</u>, <u>Congo (Congo-Brazzaville)</u>, <u>Côte d'Ivoire</u>, <u>Democratic Republic of the Congo (Congo-Kinshasa)</u>, <u>Equatorial Guinea</u>, <u>Gabon</u>, <u>Gambia</u>, <u>Ghana</u>, <u>Guinea</u>, <u>Guinea-Bissau</u>, <u>Kenya</u>, <u>Liberia</u>, <u>Mali</u>, <u>Niger</u>, <u>Nigeria</u>, <u>Rwanda</u>, <u>Senegal</u>, <u>Sierra Leone</u>, <u>South Sudan</u>, <u>Sudan</u>, <u>Tanzania</u>, <u>Togo</u>, <u>Uganda</u></p> <p>Asia: <u>Bangladesh</u>, <u>Burma (Myanmar)</u>, <u>Cambodia</u>, <u>India</u>, <u>Indonesia</u>, <u>Laos</u>, <u>Malaysia</u>, <u>Maldives</u>, <u>Pakistan</u>, <u>Philippines</u>, <u>Singapore</u>, <u>Thailand</u>, <u>Timor-Leste (East Timor)</u>, <u>Vietnam</u></p> <p>The Caribbean: <u>Anguilla</u>; <u>Antigua and Barbuda</u>; <u>Aruba</u>; <u>Barbados</u>; <u>Bonaire</u>; <u>British Virgin Islands</u>; <u>Cuba</u>; <u>Curaçao</u>; <u>Dominica</u>; <u>Dominican Republic</u>; <u>Grenada</u>; <u>Haiti</u>; <u>Jamaica</u>; <u>Montserrat</u>; <u>the Commonwealth of Puerto Rico</u>, a US territory; <u>Saba</u>; <u>Saint Kitts and Nevis</u>; <u>Saint Lucia</u>; <u>Saint Martin</u>; <u>Saint Vincent and the</u></p>	



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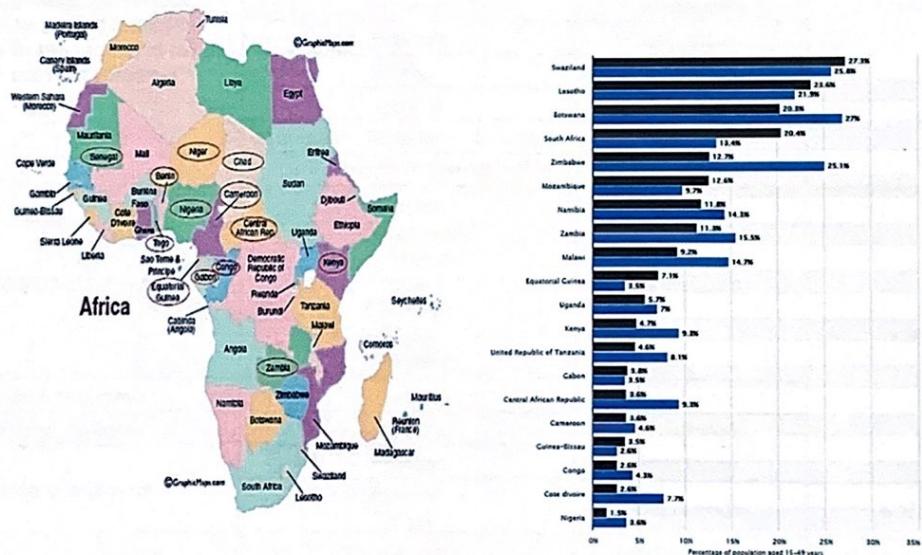
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	<p><u>Grenadines</u>; <u>Sint Eustatius</u>; <u>Sint Maarten</u>; <u>Trinidad and Tobago</u>; <u>Turks and Caicos Islands</u>; <u>US Virgin Islands</u></p> <p>Central America: <u>Belize</u>, <u>Costa Rica</u>, <u>El Salvador</u>, <u>Guatemala</u>, <u>Honduras</u>, <u>Nicaragua</u>, <u>Panama</u></p> <p>North America: <u>Mexico</u></p> <p>The Pacific Islands: <u>Fiji</u>, <u>Papua New Guinea</u>, <u>Samoa</u>, <u>Solomon Islands</u>, <u>Tonga</u></p> <p>South America: <u>Argentina</u>, <u>Bolivia</u>, <u>Brazil</u>, <u>Colombia</u>, <u>Ecuador</u>, <u>French Guiana</u>, <u>Guyana</u>, <u>Paraguay</u>, <u>Peru</u>, <u>Suriname</u>, <u>Venezuela</u></p>	
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HIV DEFERRAL LIST

Permanent deferral for HIV	<p>Born in or lived in any of the following countries since 1977:</p> <p>Cameroon, Benin, Central African Republic, Chad, Congo, Equatorial Guinea, Kenya, Gabon, Niger, Nigeria, Senegal, Togo, Zambia</p>
One Year Deferred Donors	<p>Been traveled to or had sexual contact with anyone who was born in or lived in:</p> <p>Cameroon, Benin, Central African Republic, Chad, Congo, Equatorial Guinea, Kenya, Gabon, Niger, Nigeria, Senegal, Togo, or Zambia</p>



Medication Deferral List

**DO NOT STOP taking medications prescribed by your doctor in order to donate blood.
Donating while taking these drugs could have a negative effect on your health or
on the health of the recipient of your blood.**

PLEASE TELL US IF YOU:

ARE BEING TREATED WITH ANY OF THE FOLLOWING TYPES OF MEDICATIONS:	OR HAVE TAKEN:	WHICH IS ALSO CALLED:	ANYTIME IN THE LAST:	
Anti-platelet agents (usually taken to prevent stroke or heart attack)	Feldene	piroxicam	2 Days	
	Effient	prasugrel	3 Days	
	Brilinta	ticagrelor	7 Days	
	Plavix	clopidogrel	14 Days	
	Ticlid	ticlopidine		
	Zontivity	vorapaxar	1 Month	
Anticoagulants or "blood thinners" (usually to prevent blood clots in the legs and lungs and to prevent strokes)	Arixtra	fondaparinux	2 Days	
	Eliquis	apixaban		
	Fragmin	dalteparin		
	Lovenox	enoxaparin		
	Pradaxa	dabigatran		
	Savaysa	edoxaban		
	Xarelto	rivaroxaban		
	Coumadin, Warfilone, Jantoven	warfarin	7 Days	
	Heparin, low molecular weight heparin			
Acne treatment	Accutane Amnesteem Absorica Claravis Myorisan Sotret Zenatane	isotretinoin	1 Month	
Multiple myeloma	Thalomid	thalidomide		
Hair loss remedy	Propecia	finasteride		
Prostate symptoms	Proscar	finasteride		
	Avodart Jalyn	dutasteride	6 Months	
Immunosuppressant	Cellcept	mycophenolate mofetil	6 Weeks	
Basal cell skin cancer	Eriedge Odomzo	vismodegib sonidegib	24 Months	
Relapsing multiple sclerosis	Aubagio	teriflunomide		
Rheumatoid arthritis	Arava	leflunomide		
Hepatitis exposure	Hepatitis B Immune Globulin	HBIG	12 months	
Experimental Medication or Unlicensed (Experimental) Vaccine				
Psoriasis	Soriatane	acitretin	36 Months	
	Tegison	etretinate	Ever	
Growth hormone from human pituitary glands				
Insulin from Cows (Bovine or Beef Insulin) manufactured in the United Kingdom				

Medication Deferral List

DO NOT STOP taking medications prescribed by your doctor in order to donate blood.

Some medications affect your eligibility as a blood donor for the following reasons:

Anti-platelet agents affect platelet function, so people taking these drugs should not donate platelets for the indicated time; however, you may still be able to donate whole blood or red blood cells by apheresis.

Anticoagulants or "blood thinners" are used to treat or prevent blood clots in the legs, lungs, or other parts of the body, and to prevent strokes. These medications affect the blood's ability to clot, which might cause excessive bruising or bleeding when you donate; however, you may still be able to donate whole blood or red blood cells by apheresis.

Isotretinoin, finasteride, dutasteride acitretin and etretinate can cause birth defects. Your donated blood could contain high enough levels to damage the unborn baby if transfused to a pregnant woman.

Thalomid (thalidomide), Erivedge (vismodegib), Odomzo (sonidegib), Aubagio (teriflunomide) may cause birth defects or the death of an unborn baby if transfused to a pregnant woman.

Cellcept (mycophenolate mofetil) and Arava (leflunomide) are immunosuppressants which may cause birth defects or the death of an unborn baby if transfused to a pregnant woman.

Growth hormone from human pituitary glands was prescribed for children with delayed or impaired growth. The hormone was obtained from human pituitary glands, which are in the brain. Some people who took this hormone developed a rare nervous system condition called Creutzfeldt-Jakob Disease (CJD, for short).

Insulin from cows (bovine, or beef, insulin) is an injected medicine used to treat diabetes. If this insulin came to the United States from the United Kingdom (where "mad cow disease" has occurred) it could contain material from cattle that have "mad cow disease." Although no cases of the human type of "mad cow disease" have been reported in people treated with bovine (beef) insulin, there is concern that someone exposed to "mad cow disease" through beef insulin could transmit it to someone who receives their blood.

Hepatitis B Immune Globulin (HBIG) is an injected material used to prevent hepatitis B infection following a possible or known exposure to hepatitis B. HBIG does not prevent hepatitis B infection in every case, therefore, persons who have received HBIG must wait to donate blood.

Experimental Medication or Unlicensed (Experimental) Vaccine is usually associated with a research study, and the effect on the safety of transfused blood is unknown.



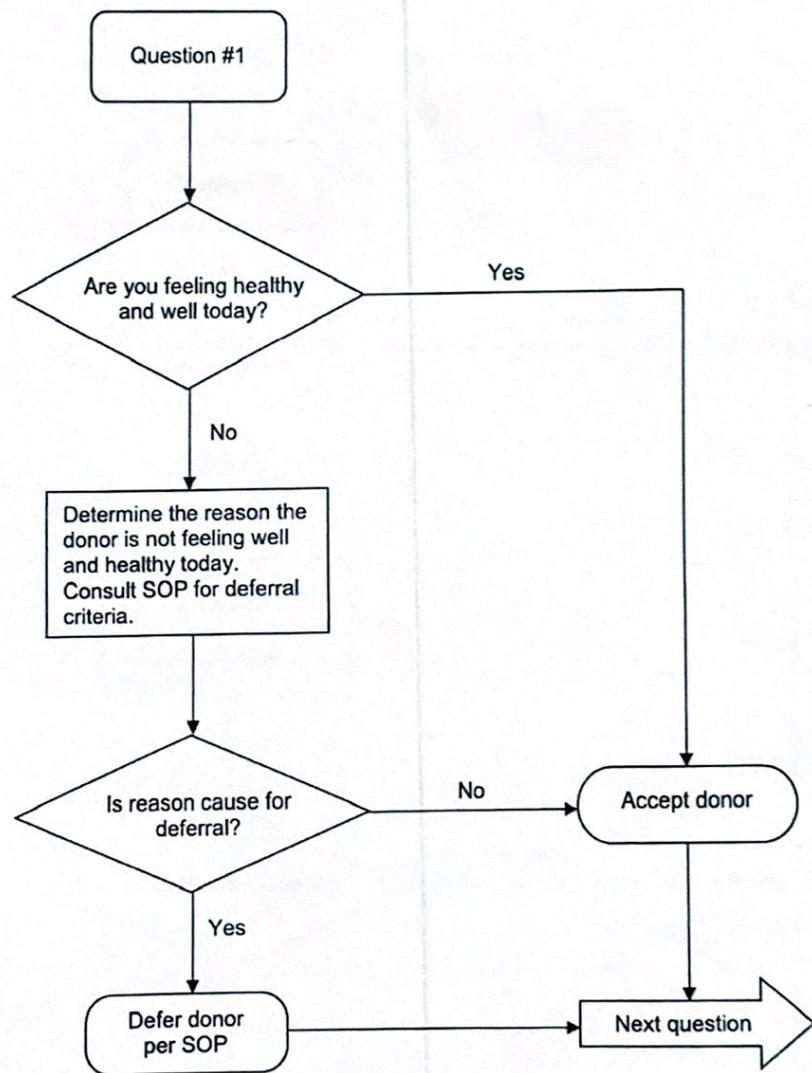
VACCINATION DONORS DEFERRAL LIST

VACCIN	DEFERRAL PERIOD	VACCIN	DEFERRAL PERIOD
Anthrax	No deferral	Mumps (MMR)	4 weeks
BCG	6 weeks	Paratyphoid	No deferral
Chicken Pox (Varivax)	3 months	Pneumococcal (Pneumovax, Prevnar)	No deferral
Diphtheria (Tetanus, Pertussis (Boostrix)	No deferral	Polio (Sabin, oral)	6 weeks
Diphtheria (Adacel, Boostrix)	No deferral	Rabies - Treatment after exposure with Immune Globulin	52 weeks
Flu Shot (influenza vaccine)	No deferral	Rabies -Treatment after exposure (no immune globulin given)	No deferral
Hepatitis A (Avaxim, Epaxal, Havrix, Vaqta, Vivaxim)	No deferral	Typhoid (Typherix, Typhim Vi, Vivaxim)	No deferral
Influenza, Flumist (intranasal)	No deferral	Typhoid (Vivotif oral)	4 weeks
Measles, Mumps, Rubella (MMR)	4 weeks	Typhoid, Hepatitis A (Vivaxim)	No deferral
HBV	4 weeks	Tetanus (Adacel, Boostrix)	No deferral
Meningococcal (Meningitec, Menjugate, Menactra, Menevo, Nimenrix, Bexsero)	No deferral	Yellow Fever	4 weeks

اسم المتربي:		رقم المتربي:
العنوان:		رقم بطاقة الأحوال / الإقامة:
العمر:		الجنسية:
التاريخ:		مصدرها:
رقم الهاتف/الجوال:		العنوان:
الغرض من التبرع:		الغرض من التبرع:
□ علاجي		□ لوجه الله تعالى
□ رخصة		□ لمريض : اسم المريض
فني بنك الدم:		فسيلية الدم :
فني بنك الدم:		فسيلية الدم :
التاريخ الطبي للمتربي بالدم		التاريخ الطبي للمتربي بالدم
1- هل تبرعت بالدم أو أحد مشتقاته في خلال الأسابيع الثمانية الأخيرة؟		1- هل تبرعت بالدم أو أحد مشتقاته في خلال الأسابيع الثمانية الأخيرة؟
2- هل سبق رفضك كمتربي بالدم؟ لماذا؟		2- هل سبق رفضك كمتربي بالدم؟ لماذا؟
3- هل نقل لك أو لزوجتك دم أو مشتقاته أو أحد الأعضاء؟		3- هل نقل لك أو لزوجتك دم أو مشتقاته أو أحد الأعضاء؟
4- خلال الـ6 أشهر الأخيرة هل أجريت لك عملية جراحية أو عانيت من مرض شديد؟		4- خلال الـ6 أشهر الأخيرة هل أجريت لك عملية جراحية أو عانيت من مرض شديد؟
5- خلال الثلاث ساعات الماضية هل تناولت وجبة غذائية؟		5- خلال الثلاث ساعات الماضية هل تناولت وجبة غذائية؟
6- خلال الشهور الـ12 الماضية:		6- خلال الشهور الـ12 الماضية:
أ) هل تناولت علاج بالحقن لمرض الكلب؟		أ) هل تناولت علاج بالحقن لمرض الكلب؟
ب) هل عملت وشم، عولجت بالابر الصينية، أجريت خرق آذن أو عانيت من وخز ابرة؟		ب) هل عملت وشم، عولجت بالابر الصينية، أجريت خرق آذن أو عانيت من وخز ابرة؟
ت) هل خالطت مريض بالتهاب الكبد الفيروسي بي؟ أو تناولت مصل مضاد له؟		ت) هل خالطت مريض بالتهاب الكبد الفيروسي بي؟ أو تناولت مصل مضاد له؟
7- هل خالطت صابا بمرض الايدز؟		7- هل خالطت صابا بمرض الايدز؟
8- هل تناولت هرمون النمو من أوائل الثمانينات؟		8- هل تناولت هرمون النمو من أوائل الثمانينات؟
9- هل أصبت أنت أو أحد أفراد أسرتك بمرض جنون البقر؟		9- هل أصبت أنت أو أحد أفراد أسرتك بمرض جنون البقر؟
10- هل أجريت لك عملية جراحية بالمخ لزراعة غشاء الديورا؟		10- هل أجريت لك عملية جراحية بالمخ لزراعة غشاء الديورا؟
11- للاثاث خلال الستة أسابيع الأخيرة: هل كنت حامل أو وضعت مولوداً؟		11- للاثاث خلال الستة أسابيع الأخيرة: هل كنت حامل أو وضعت مولوداً؟
12- هل زرت عيادة طبيب الأسنان لخلع سن أو تنظيف الأسنان؟		12- هل زرت عيادة طبيب الأسنان لخلع سن أو تنظيف الأسنان؟
13- هل تم سجسك أو توقيفك في حجز لمدة تزيد عن 72 ساعة متواصلة؟		13- هل تم سجسك أو توقيفك في حجز لمدة تزيد عن 72 ساعة متواصلة؟
14- هل تعاني حالياً أو عانيت من قبل من:		14- هل تعاني حالياً أو عانيت من قبل من:
□ حمى مالطية		□ التهاب كبد فيروسي
□ نفاس وزن بدون سبب		□ مرض بالدم
□ سيلان أو زهري		□ سرطان
□ مرض الصرع		□ يرقان
□ أخرى		□ لشمانيا
□ الدرن		□ مرض السكر
□ ارتفاع مستمر بالحرارة		□ تضخم بالغدد
□ اسهال مستمر		□ ربو شعبي
□ مرض اليد		□ ارتفاع مستمر بالحرارة
□ مرض القلب		□ مرض القلب
□ أدوية أخرى		□ التهاب كبد فيروسي
□ الدوميت		□ دواء التجسون Tegison
15- هل تناولت حالياً أو تناولت:		15- هل تناولت حالياً أو تناولت:
□ أسيبرين		□ دواء التجسون Tegison
16- خلال الأربع أسابيع الماضية هل تناولت:		16- خلال الأربع أسابيع الماضية هل تناولت:
□ دواء البروسكار Proscar		□ دواء أكوتين Accutane
17- اقرار: لقد قرأت وفهمت وأجبت بصدق على الأسئلة السابقة بقدر علمي. كما أنتي تلقيت شرحاً للعملية التبرع بالدم فوائدتها واعكاساتها كما أنتي ادرك		17- اقرار: لقد قرأت وفهمت وأجبت بصدق على الأسئلة السابقة بقدر علمي. كما أنتي تلقيت شرحاً للعملية التبرع بالدم فوائدتها واعكاساتها كما أنتي ادرك
ان عينة من دمي سوف تخضع لفحوصات الأمراض التي تنتقل عن طريق الدم كما أنتي أفوض بنك الدم في سحب وحدة دم كاملة أو اجراء عملية		ان عينة من دمي سوف تخضع لفحوصات الأمراض التي تنتقل عن طريق الدم كما أنتي اوضحت بنك الدم مناسبة كما أنتي ادرك
فصل مكونات الدم و التصرف فيها بالطريقة التي يراها بنك الدم مناسبة كما أنتي ادرك بأنه سيتم ابلاغي في حال كانت نتيجتي إيجابية و اعلم أيضا		فصل مكونات الدم و التصرف فيها بالطريقة التي يراها بنك الدم مناسبة كما أنتي اوضحت بنك الدم مناسبة كما أنتي ادرك
بإمكانية انسحابي من عملية التبرع في أي وقت		بإمكانية انسحابي من عملية التبرع في أي وقت
توقيع المتربي بالدم		توقيع المتربي بالدم
18- الفحص الطبي:		18- الفحص الطبي:
□ مقبول		□ مقبول
اسم الطبيب:		اسم الطبيب:
19- سحب الدم: □ لم يتم		19- سحب الدم: □ لم يتم
□ أي أثار جانبية:		□ أي أثار جانبية:
□ توقيع صاحب الدم:		□ توقيع صاحب الدم:
20- فصل مكونات الدم		20- فصل مكونات الدم
□ دم كامل		□ دم كامل
□ صفائح دموية		□ صفائح دموية
□ كريات حمراء مرکزة		□ كريات حمراء مرکزة
□ كرايبوبريسيبيتات		□ كرايبوبريسيبيتات
توقيع فني فصل مكونات الدم.		توقيع فني فصل مكونات الدم.

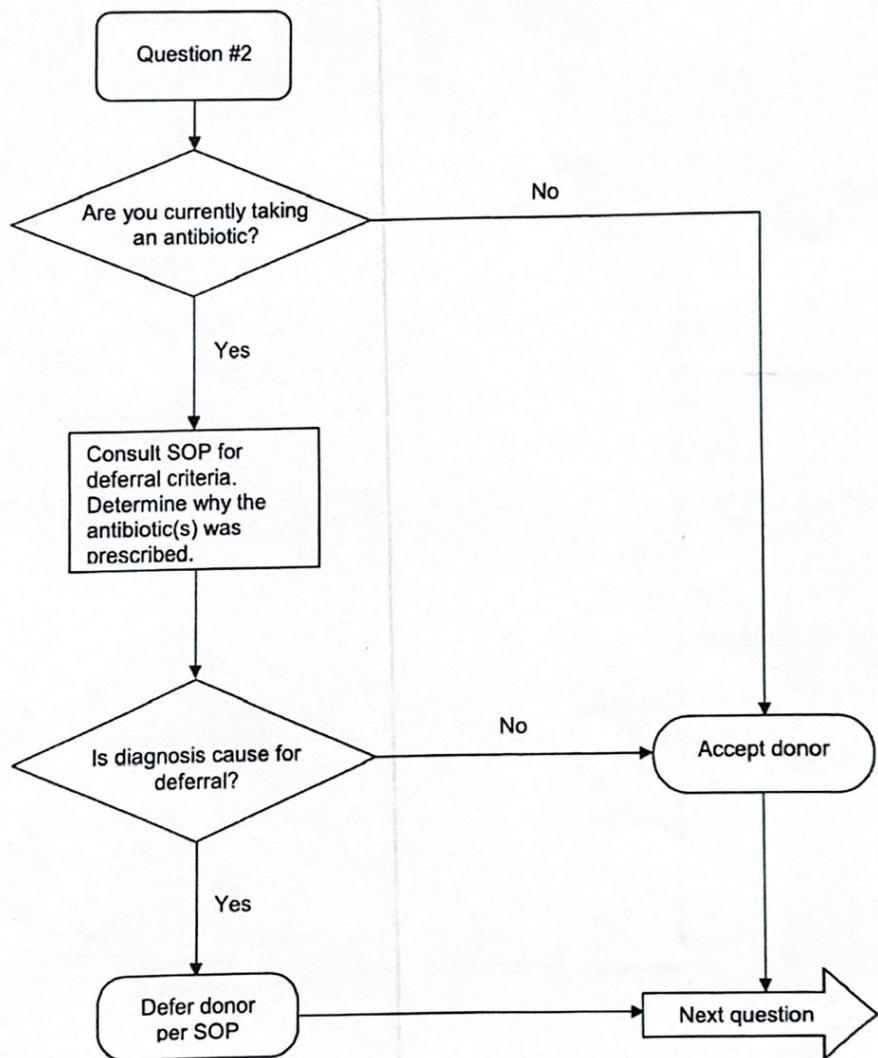
Question: 1. Are you feeling healthy and well today?

Donor Eligibility: A person should be free of infectious diseases, including colds, on the day of donation. A person who is not in good health should not donate until it is determined that the underlying condition is not cause for deferral.



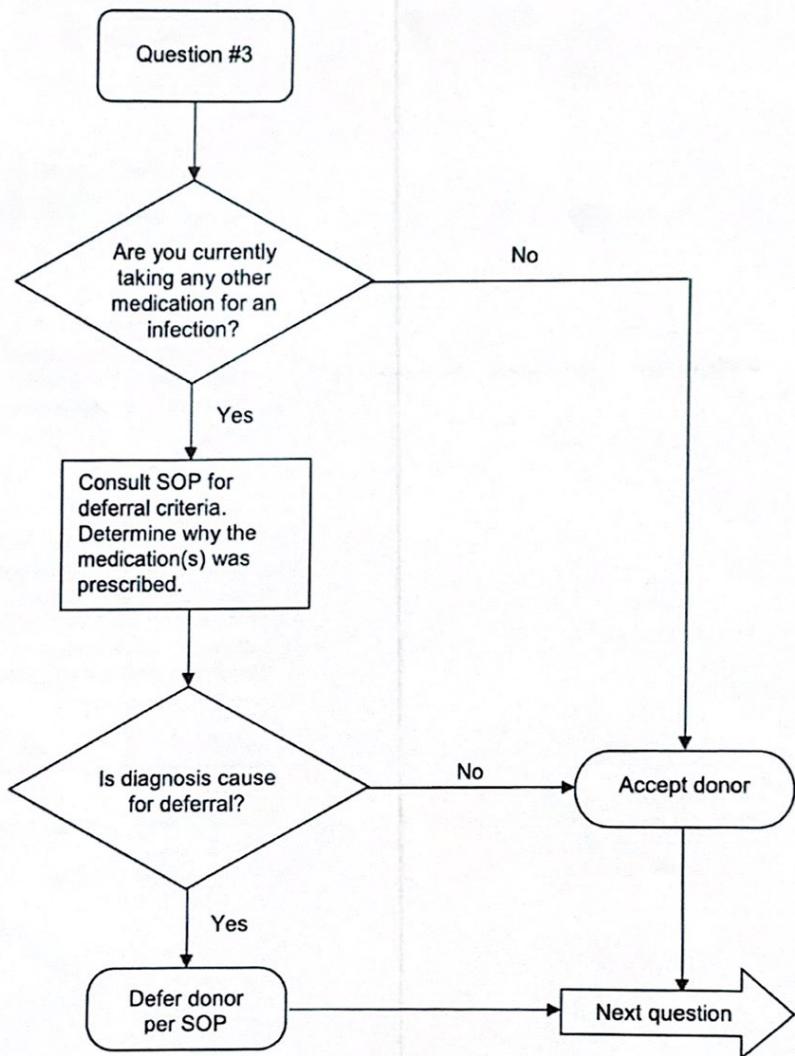
Question: 2. Are you currently taking an antibiotic?

Donor Eligibility: The reason the antibiotic was prescribed must be evaluated to determine if the person has a bacterial infection that could be transmissible by blood. A person with an infection should not donate.



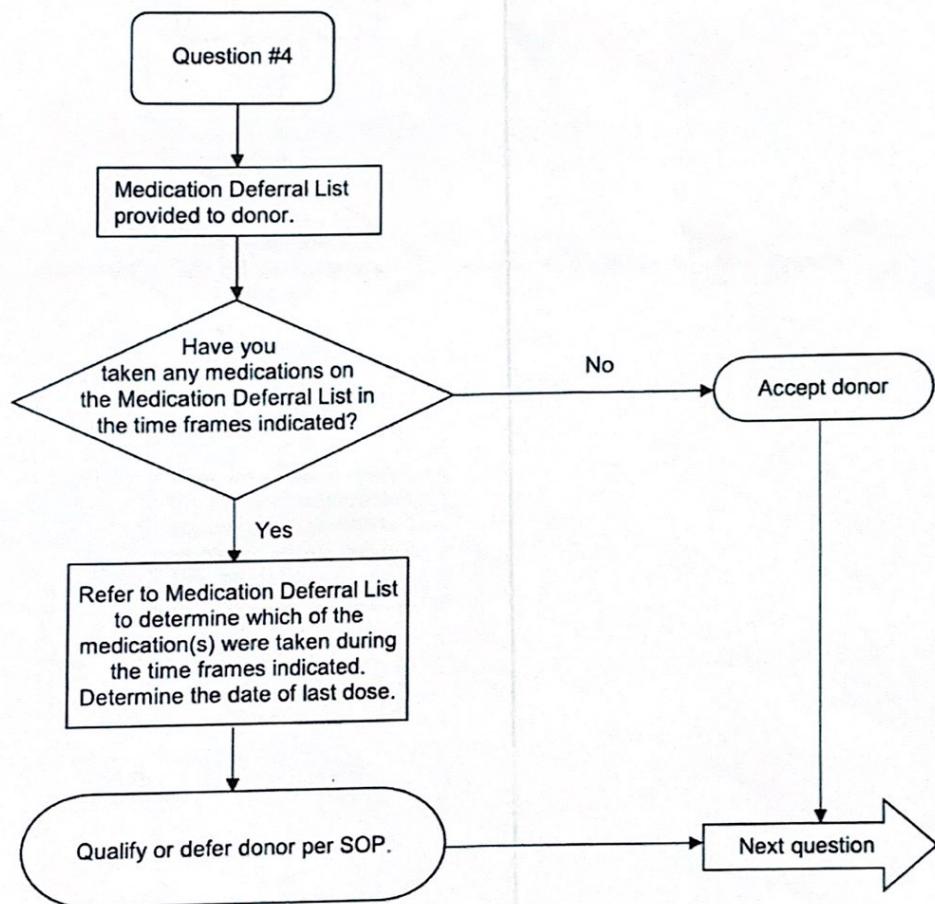
Question: 3. Are you currently taking any other medication for an infection?

Donor Eligibility: The reason for use of any medication for an infection must be evaluated to determine if the person has a viral, fungal, parasitic or other infection transmissible by blood. A person with an infection should not donate.



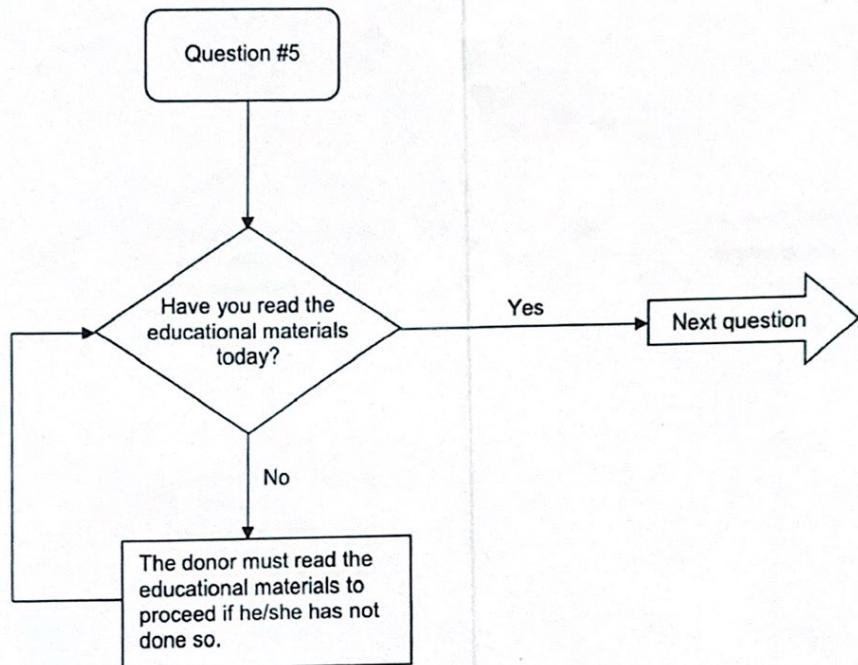
Question: 4. Have you taken any medications on the Medication Deferral List in the time frames indicated? (Review the Medication Deferral List.)

Donor Eligibility: A person taking medications listed on the Medication Deferral List anytime in the timeframes indicated is deferred for the appropriate period of time.



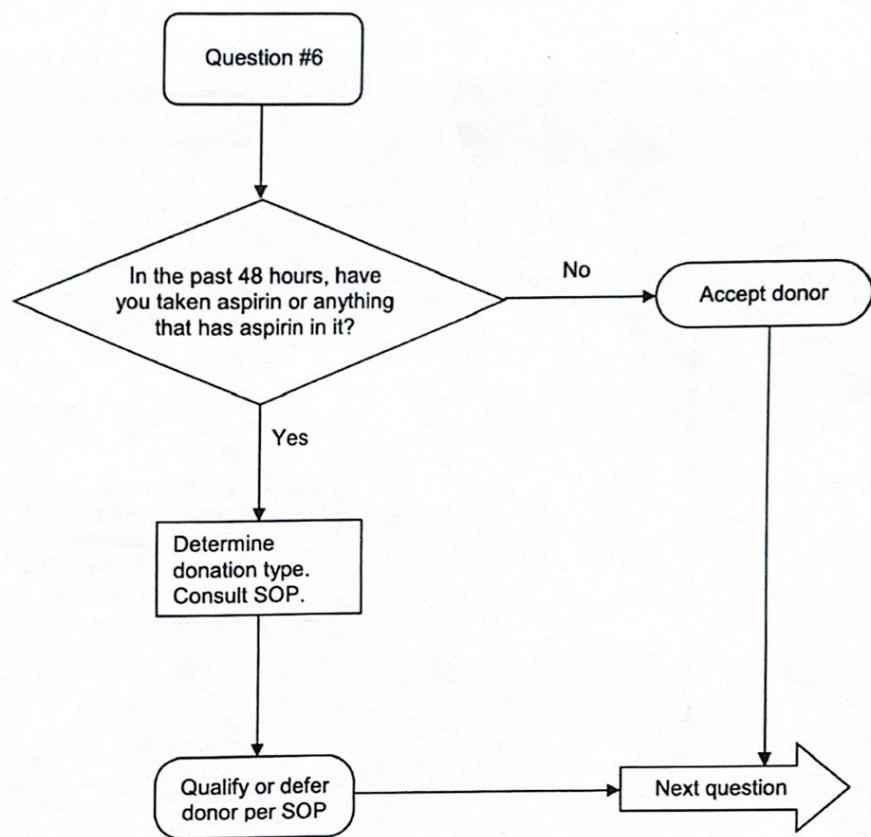
Question: 5. Have you read the educational materials today?

Donor Eligibility: Donors must read the educational materials prior to donating.



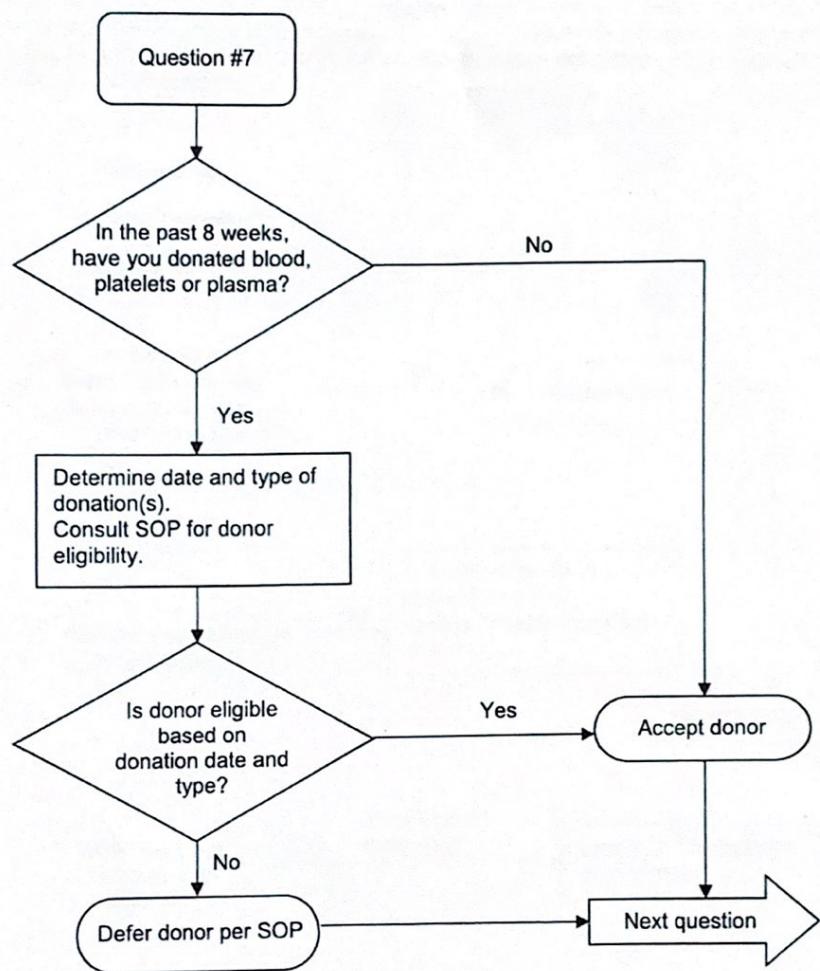
Question: 6. In the past 48 hours, have you taken aspirin or anything that has aspirin in it?

Donor Eligibility: Aspirin irreversibly inactivates platelet function. A person taking aspirin or any medication containing aspirin should not be the sole source of platelets.



Question: 7. In the past 8 weeks, have you donated blood, platelets or plasma?

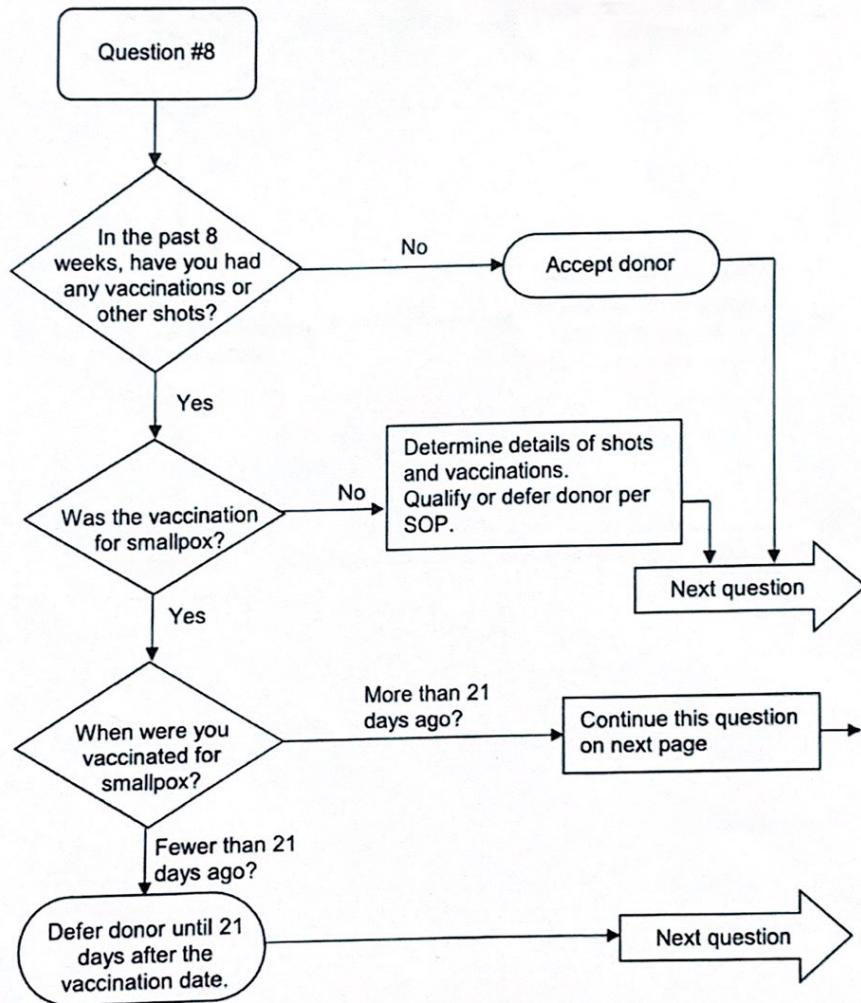
Donor Eligibility: A whole blood donor may donate no more frequently than every 8 weeks. Donors of plasma, platelets or leukocytes by apheresis may donate no more frequently than every 2 days.

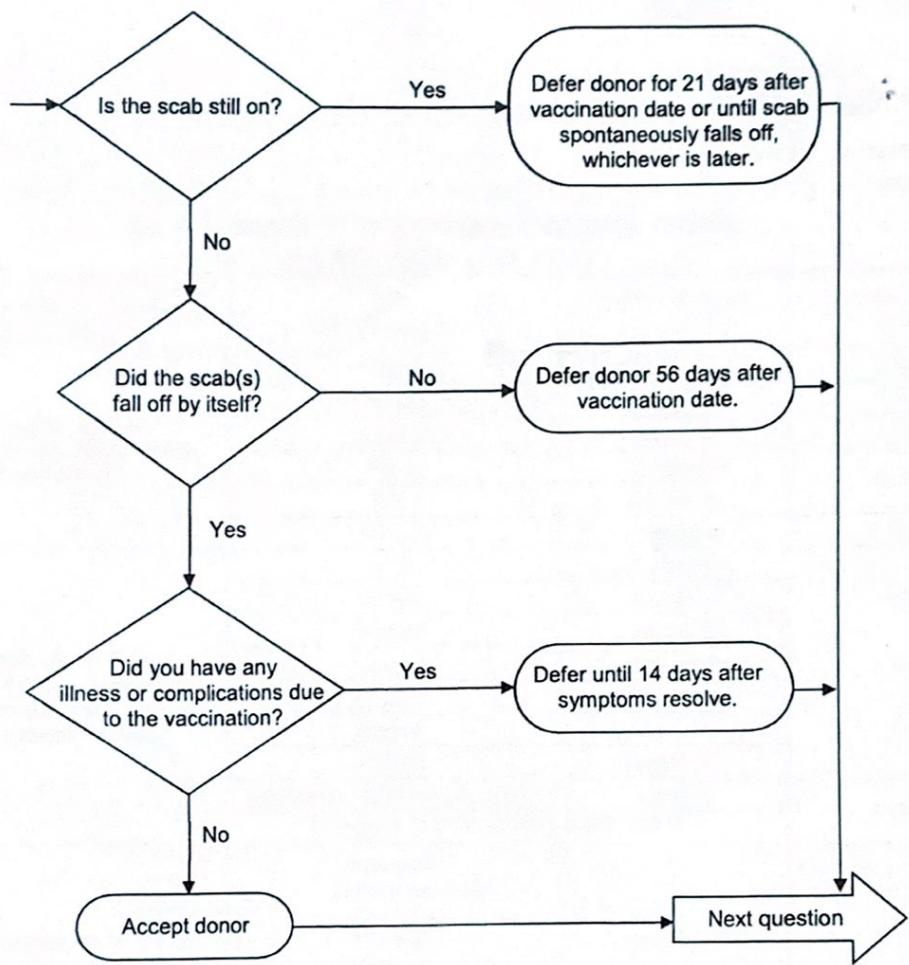


Question: 8. In the past 8 weeks, have you had any vaccinations or other shots?

Donor Eligibility: Certain vaccinations may contain live infectious agents. A person who has been exposed to a live infectious agent in a vaccination should not donate for a specified period of time.

Note on 8alt flowchart: Some blood centers may choose to use a simpler but stricter deferral scheme in which all donors who received the smallpox vaccination are deferred for a minimum of 56 days, regardless of when the scab fell off. Blood centers using these criteria should use alternative Flowchart 8alt.





Medication Deferral List

**DO NOT STOP taking medications prescribed by your doctor in order to donate blood.
Donating while taking these drugs could have a negative effect on your health or
on the health of the recipient of your blood.**

PLEASE TELL US IF YOU:

ARE BEING TREATED WITH ANY OF THE FOLLOWING TYPES OF MEDICATIONS:	OR HAVE TAKEN:	WHICH IS ALSO CALLED:	ANYTIME IN THE LAST:	
Anti-platelet agents (usually taken to prevent stroke or heart attack)	Feldene	piroxicam	2 Days	
	Effient	prasugrel	3 Days	
	Brilinta	ticagrelor	7 Days	
	Plavix	clopidogrel	14 Days	
	Ticlid	ticlopidine		
	Zontivity	vorapaxar	1 Month	
Anticoagulants or "blood thinners" (usually to prevent blood clots in the legs and lungs and to prevent strokes)	Arixtra	fondaparinux	2 Days	
	Eliquis	apixaban		
	Fragmin	dalteparin		
	Lovenox	enoxaparin		
	Pradaxa	dabigatran		
	Savaysa	edoxaban		
	Xarelto	rivaroxaban		
	Coumadin, Warfilone, Jantoven	warfarin	7 Days	
	Heparin, low molecular weight heparin			
Acne treatment	Accutane Amnesteem Absorica Claravis Myorisan Sotret Zenatane	isotretinoin	1 Month	
Multiple myeloma	Thalomid	thalidomide		
Hair loss remedy	Propecia	finasteride		
Prostate symptoms	Proscar	finasteride		
	Avodart Jalyn	dutasteride	6 Months	
Immunosuppressant	Celccept	mycophenolate mofetil	6 Weeks	
Basal cell skin cancer	Erivedge Odomzo	vismodegib sonidegib	24 Months	
Relapsing multiple sclerosis	Aubagio	teriflunomide		
Rheumatoid arthritis	Arava	leflunomide		
Hepatitis exposure	Hepatitis B Immune Globulin	HBIG	12 months	
Experimental Medication or Unlicensed (Experimental) Vaccine				
Psoriasis	Soriatane	acitretin	36 Months	
	Tegison	etretinate	Ever	
Growth hormone from human pituitary glands				
Insulin from Cows (Bovine or Beef Insulin) manufactured in the United Kingdom				